EPI-LOG

Communicable Disease and Epidemiology News
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Return Services Requested

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Influenza Vaccine and Vaccination Recommendations 2005-2006

The following priority groups should be vaccinated for influenza:

- persons aged ≥65 years with comorbid conditions
- residents of long term care facilities
- persons aged 2 to 64 years with comorbid conditions
- persons aged ≥65 years without comorbid conditions
- children aged 6 to 23 months
- pregnant women
- health-care personnel who provide direct patient care
- household contacts and out-of-home caregivers of children aged <6 months

A change to this year's recommendations is that comorbid conditions now specifically includes persons with any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration.

CDC has specified that, beginning October 24, flu vaccine can be offered to anyone, whether or not they are in one of these high-risk groups.

Inactivated Trivalent Influenza Vaccine (TIV)

Dosage recommendations for inactivated trivalent influenza vaccine (TIV) vary according to age group. For previously unvaccinated children aged <9 years, 2 doses administered > 1 month apart are recommended. When possible, the second dose should be administered before December. If a child aged <9 years receives vaccine for the first time one season and does not receive the second dose that season, only 1 dose of vaccine should be administered the following season. **Inactivated influenza vaccine should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine without first consulting a physician.**

Live, Attenuated Influenza Vaccine (LAIV)

For healthy persons aged 5 to 49 years of age, LAIV is a good option for influenza vaccination, including for persons in close contact with groups at high risk for influenza complications and most health-care workers. Possible advantages of LAIV include its potential to induce a broad mucosal and systemic immune response, its ease of administration, and the acceptability of an intranasal rather than intramuscular route of administration.

The following populations should <u>not</u> be vaccinated with LAIV:

- persons aged <5 years or those aged ≥50 years;
- persons with asthma, reactive airway disease or other chronic disorders of the pulmonary or cardiovascular systems; persons with other underlying medical conditions, including such metabolic diseases as diabetes, renal dysfunction, and hemoglobinopathies; or persons with known or suspected immunodeficiency diseases or who are receiving immunosuppressive therapies;
- children or adolescents receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza infection);
- persons with a history of Guillain Barré Syndrome;
- pregnant women; or
- persons with a history of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs.

Severely Immunosuppressed Patients and Their Contacts

Inactivated influenza vaccine is preferred for vaccinating household members, health-care workers, and others who have close contact with *severely immunosuppressed persons* (e.g., patients with hematopoietic stem cell transplants) <u>during those periods in which the immunosuppressed person requires care in a protective environment</u>. Health-care workers who receive LAIV should refrain from contact with severely immunosuppressed patients for 7 days after vaccine receipt. Hospital visitors who have received LAIV should also refrain from contact with severely immunosuppressed persons for 7 days after vaccination; however, such persons need not be excluded from visitation of patients who are not severely immunosuppressed.

Severely immunosuppressed persons should not administer LAIV. However, other persons at high risk for influenza complications, including persons with underlying medical conditions placing them at high risk or who are likely to be at risk, including pregnant women, persons with asthma, and persons aged ≥50 years may administer LAIV

Children aged 5–8 years previously unvaccinated at any time with either LAIV or inactivated influenza vaccine should receive 2 doses of LAIV separated by at least 6 weeks. Children aged 5 to 8 years previously vaccinated at any time with either LAIV or inactivated influenza

vaccine should receive 1 dose of LAIV and they do not require a second dose. Persons aged 9 to 49 years should receive 1 dose of LAIV. In accordance with CDC general recommendations on immunization, live vaccines, (i.e., MMR, varicella, LAIV), not administered on the same day should be administered at least 4 weeks apart.

Influenza Vaccine Supply

On October 24th, the department of Health and Human Services held a press conference regarding influenza and influenza vaccine. The 70 million doses of influenza vaccine that will be produced this year (possibly more) should be adequate, reported the CDC. Chiron, the pharmaceutical company whose inactivated trivalent vaccine did not meet with FDA approval last year, has, so far, produced 2 million doses and additional vaccine is being approved on lot-by-lot basis.

Menactra Vaccine Advisory

On September 30th, 2005, The CDC and FDA issued an alert regarding five reports of Guillain-Barré Syndrome (GBS) in teenagers, ages 17-18 years old, who had recently (14 to 31 days prior) received quadrivalent meningococcal conjugate vaccine (MCV4, Menactra® manufactured by sanofi pasteur). The rate of GBS, based on the reported number of cases, was not greater than would be expected due to chance alone; therefore, the CDC and FDA recommend that MCV4 should still be administered to high risk groups because of the protection it offers against meningococcal disease. Persons with a known history of GBS, who are not considered high-risk, are advised not to receive the vaccine.

Please report any clinically significant event following MCV4 vaccine, or any other vaccine, to the Public Health immunization section at 206-296-4774. Alternatively, you may report vaccine adverse events via the internet directly to the Vaccine Adverse Events Reporting System (VAERS) at: www.vaers.hhs.gov.

Communicable Disease Summary now Available

The Communicable Disease Summary for the years 2003 and 2004 is now available on the web at: **www.metrokc.gov/health/reports/cd-summary-2003-04.pdf**

If you would like a hard copy of the summary, please contact Tiffany Acayan at 206-205-5812.

Td Vaccine: a Clarification

In the September 2005 issue of the *EPI-LOG*, use of Td vaccine was discussed in association with wound treatment for prevention of tetanus, however, the abbreviation "Td" was never defined. Td vaccine refers to the vaccine containing inactivated tetanus and diphtheria toxoids that is licensed for persons age 7 years and older. It contains a smaller amount of diphtheria toxoid than DTP, DTaP, or DT, hence the lower case "d". For those aged 7 and older who have not received an initial series of tetanus and diptheria containing vaccine (DTP, DTaP, DT or Td), Td is recommended for beginning or completing the primary series. Td is recommended as a booster, every ten years throughout life. For information about prevention of tetanus, please see the September 2005 issue of the *EPI-LOG* at:
www.metrokc.gov/health/epilog/vol4509.htm

Disease Reporting

AIDS/HIV	(206) 296-4645
STDs	(206) 731-3954
TB	(206) 731-4579
All Other Notifiable Communicable Diseases (24 hours a day)	(206) 296-4774
Automated reporting line for conditions not immediately notifiable	(206) 296-4782

Hotlines

Communicable Disease	(206) 296-4949
HIV/STD	(206) 205-STDS

Public Health-Seattle & King County Online Resources

Home Page: www.metrokc.gov/health/
The *EPI-LOG*: www.metrokc.gov/health/providers
Communicable Disease listserv (PHSKC INFO-X) at:
mailman.u.washington.edu/mailman/listinfo/phskc-info-x

Reported Cases of Selected Diseases, Seattle & King County 2005

	Cases Reported in September		Cases Reported Through September	
	2005	2004	2005	2004
Campylobacteriosis	41	22	259	200
Cryptosporidiosis	4	6	59	26
Chlamydial infections	382	558	4,184	4,038
Enterohemorrhagic *E. coli* (non-O157)	0	0	5	0
***E. coli* O157: H7**	12	7	27	33
Giardiasis	16	10	108	91
Gonorrhea	140	150	1,311	895
***Haemophilus influenzae* (cases <6 years of age)**	0	0	2	2
Hepatitis A	1	3	15	9
Hepatitis B (acute)	0	0	16	16
Hepatitis B (chronic)	68	50	513	464
Hepatitis C (acute)	0	0	6	7
Hepatitis C (chronic, confirmed/probable)	92	66	952	908
Hepatitis C (chronic, possible)	37	22	320	257
Herpes, genital (primary)	36	65	579	554
HIV and AIDS (new diagnoses only)	28	31	353	316
Measles	1	0	1	6
Meningococcal Disease	0	3	13	14
Mumps	0	0	1	1
Pertussis	37	27	229	174
Rubella	0	0	1	0
Rubella, congenital	0	0	0	0
Salmonellosis	24	27	173	186
Shigellosis	9	7	54	50
Syphilis	13	31	121	116
Syphilis, congenital	0	0	0	0
Syphilis, late	4	6	57	48
Tuberculosis	11	10	88	99

The *Epi-Log* is available in alternate formats upon request.